

41A
7-31-03
CBrown

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: NELSON A. DANGELO)
Serial No.: 09/733,333) Group Art Unit: 2881
Filed: December 8, 2000)
For: ION IMPLANTATION SYSTEM) Examiner: Fernandez, K.
HAVING INCREASED IMPLANTER)
SOURCE LIFE) Confirmation No.: 4782

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In response to the Office Action mailed April 23, 2003, please amend the
Application as follows:

FAX RECEIVED

JUL 23 2003

TECHNOLOGY CENTER 2800

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)Applicant(s): **NELSON A. DANGELO**

Docket No.

FIS920000269US1

Serial No.

09/733,333

Filing Date

12/08/2000

Examiner

K. FERNANDEZ

Group Art Unit


2881Invention: **ION IMPLANTATION SYSTEM HAVING INCREASED IMPLANTER SOURCE LIFE**I hereby certify that this Transmittal and Amendment*(Identify type of correspondence)*is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9318)on July 23, 2003*(Date)*Jessica L. Walsh*(Typed or Printed Name of Person Signing Certificate)*Jessica L. Walsh
(Signature)

Note: Each paper must have its own certificate of mailing.

FAX RECEIVED

JUL 23 2003

TECHNOLOGY CENTER 2800

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): NELSON A. DANGELO				FIS920000269US1	
Serial No.	Filing Date	Examiner	Group Art Unit		
09/733,333	12/08/2000	K. FERNANDEZ	2881/		
Invention: ION IMPLANTATION SYSTEM HAVING INCREASED IMPLANTER SOURCE LIFE					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	2 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0458					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
FAX RECEIVED					
JUL 23 2003					
TECHNOLOGY CENTER 2800					
<div style="display: flex; justify-content: space-between;"><div> Signature Sean F. Sullivan Reg. No. 38,328 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 860-286-2929 Customer Service No. 29371 Confirmation No. 4782</div><div><div style="border: 1px solid black; padding: 5px; width: 300px;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div><div style="border: 1px solid black; padding: 5px; width: 300px;">Signature of Person Mailing Correspondence</div><div style="border: 1px solid black; padding: 5px; width: 300px;">Typed or Printed Name of Person Mailing Correspondence</div></div></div>					
cc:					